sts for Yes No No	se or dependent child because they meet all three tes	ed" income, or liabilities of a spous mmittee on Ethics.	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
cluded Yes No	xcepted trusts" need not be disclosed. Have you exc	ittee on Ethics and certain other "e»	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
TIONS	NSWER <u>BOTH</u> OF THESE QUESTIONS	ST INFORMATION - A	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO
ETE	AT YOU ARE REQUIRED TO COMPLETE	THE SCHEDULES THAT YOU ARE	THIS FORM INCLUDES ONLY THE
	ULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU	ATTACH THE CO
Yes No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No J. Did single	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
t with an Yes No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No F. Did outsid year u	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
of filing? Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No E. Did	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
	S	OF THESE QUESTION	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1, A \$200 pen to individual v	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Sta
(Office Use Only)	Check if Amendment	7X 23 23 12018	New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election: 1003 6
18 JUN 18 AM 11: 37	1	_ Daytime Telephone:	Name: Robert 4:1014
LEGISLATIVE RESOURCE DE NATIONALES	New Employees	For New Members, Ca	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT
2 A D D D D D D D D D D D D D D D D D D			

SCHEDULE A – ASSETS	ASSETS & "UNEARNED INCOME"	Name: Raber	チャルナ	Page of
BLOCK A	вгоскв	BLOCK C	BLOCK D	
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income	ome
			Current Year	Preceding Year
	A 80 C C B F F G X X C X X C X		1 11X 1X X X	×
	000 000 00,000	ne (Specify: e.g.,	000	,000
	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$250,001-\$500,000 \$250,001-\$5,000,000 \$1,000,001-\$5,000,000 \$25,000,001-\$500,000 \$25,000,001-\$500,000 \$25,000,001-\$500,000 \$25,000,001-\$500,000 \$25,000,001-\$500,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND T TAX-DEFERRED Other Type of Income of	#Inne \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$10,000 \$50,001-\$1,000,000 \$100,001-\$1,000,000 Cver \$5,000,000 Spouse/DC Income o	\$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$16,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 Spouse/DC Income of
SP, DC, ASSET NAME EIF	77			
Tracker Supply St				
Fidelity Fight	<			
NA CASA CARA		*		
Trackor Subvice				
/ 11				

SCHEDULE C - EARNED INCOME

e filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the file	Name: Robert
) totaling \$200 or more during the	40(7
e reporting period.	Page/of
For both the file	o f

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer
and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

	Tuna	Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
Ц	Honorarium	\$0	\$500
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Tractor Supply Co	Salary	18,000	Ø
Army Detinement	Salary	1/10,000	116 000
VA Disability	Salacy	55 000	55,000
	/		
			1,000

SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence. liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and

			SP. DC, JT		
	Chase America	Example First Bank of Wilmington, DE	Creditor		
	11/16	5/98	Liability Incurred MO/YR	!	
	Auto lown	Mortgage on Rentel Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
			\$15,001- \$50,000	ъ	
			\$50,001- \$100,000	G	
		×	\$100,001- \$250,000	0	
			\$250,001- \$500,000	m	Amount of Liability
			\$500,001- \$1,000,000	Τη	t of Lia
			\$1,000,001- \$5,000,000	6	ability
			\$5,000,001- \$25,000,000	æ	
	_		\$25,000,001- \$50,000,000	1	
		4	Over \$50,000,000	د	
			Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
ナクサルアン	American Legion Post 460
	American spriety of Landscape Arch
mem ber	trudis Bakeder
Locader	Aprile move
Member	Texas Farmi Bureau

SCHEDULE F ACDEEMENTS

continuation employer. Identify the

Date

Parties to Agreement

Mysclfe VA

Pensior

Terms of Agreement

Disabilit

OLE F - AGREEMENTS	Name: Robert Hilat	Page of
date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former	respect to: future employment; a leave of absence during the period of government service; or continuing participation in an employee welfare or benefit plan maintained by a forme	of government service; naintained by a former

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. approximent and any information considered confidential as a result of a privileged relationship recognized by law. To not repeat information listed on Schedule C.

government and any information considered confidential as a result of a	government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Harry Trucker Supply CO	Hourly worker